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CONFIRMATION NO. 7335

SERIAL NUMBER 10/670,142	FILING DATE 09/24/2003 RULE	CLASS 606	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. 612-04-CIP3-CON
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/157,621 05/29/2002
 which is a CIP of 09/867,340 05/29/2001 PAT 6,602,261
 which is a CIP of 09/542,145 04/04/2000 PAT 6,299,619
 which is a CIP of 09/410,970 10/04/1999 PAT 6,238,403

ok JJ

** FOREIGN APPLICATIONS *****

ok JJ

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

** 12/15/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 13	TOTAL CLAIMS 40	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: [Signature] Initials: [Initials]				

ADDRESS

22145
 KLEIN, O'NEILL & SINGH
 2 PARK PLAZA
 SUITE 510
 IRVINE, CA
 92614

TITLE

Filamentous embolization device with expansible elements

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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723

No. _____ for following:

☐ 1.18 Fees (Issue)

☐ Other _____

☐ Credit